

U.S. DEPARTMENT OF LABOR  
Employment and Training Administration

APPLICATION  
FOR  
ALIEN EMPLOYMENT CERTIFICATION

**IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM**

PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary, or both (18 U.S.C. 1001)

| PART A. OFFER OF EMPLOYMENT   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
|---|--------------|-------------|----------------------|-----------------------------------|------------------------------|--------------------------|-------------|--|-----------------|---------------------|--|------|------|------|------|-----------|-----------|------------|--|
| 1. Name of Alien (Family name in capital letter, First, Middle, Maiden)   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)  |              |             |                      |                                   |                              |                          |             | 3. Type of Visa (If in U.S.)                 |                 |                     |  |      |      |      |      |           |           |            |  |
| The following information is submitted as an offer of employment.   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 4. Name of Employer (Full name of Organization)   |              |             |                      |                                   |                              |                          |             | 5. Telephone                                 |                 |                     |  |      |      |      |      |           |           |            |  |
| 6. Address (Number, Street, City and Town, State ZIP code)  |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 7. Address Where Alien Will Work (if different from item 6)   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 8. Nature of Employer's Business Activity   |              |             | 9. Name of Job Title |                                   |                              | 10. Total Hours Per Week |             | 11. Work Schedule (Hourly)                   | 12. Rate of Pay |                     |  |      |      |      |      |           |           |            |  |
|   |              |             |                      |                                   |                              | a. Basic                 | b. Overtime | a.m.<br>p.m.                                 | \$<br>per       | \$<br>per hour      |  |      |      |      |      |           |           |            |  |
| 13. Describe Fully the job to be Performed (Duties)   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| EDUCATION<br>(Enter number of years)  | Grade School | High School | College              | College Degree Required (specify) |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
|   |              |             |                      | Major Field of Study              |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| TRAINING  | No. Yrs.     |             | No. Mos.             |                                   | Type of Training             |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| EXPERIENCE  | Job Offered  |             | Related Occupation   |                                   | Related Occupation (specify) |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
|   | Yrs.         | Mos.        | Yrs.                 | Mos.                              |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 15. Other Special Requirements  |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| 16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor   |              |             |                      |                                   |                              |                          |             | 17. Number of Employees Alien Will Supervise |                 |                     |  |      |      |      |      |           |           |            |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> </div> <div> <p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> </div> </div>   |              |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">L.O.</td> <td style="padding: 5px;">S.O.</td> </tr> <tr> <td style="padding: 5px;">R.O.</td> <td style="padding: 5px;">N.O.</td> </tr> <tr> <td style="padding: 5px;">Ind. Code</td> <td style="padding: 5px;">Occ. Code</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occ. Title</td> </tr> </tbody> </table> |              |             |                      |                                   |                              |                          |             |  |                 | Date Forms Received |  | L.O. | S.O. | R.O. | N.O. | Ind. Code | Occ. Code | Occ. Title |  |
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| L.O.  | S.O.         |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| R.O.  | N.O.         |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
| Ind. Code   | Occ. Code    |             |                      |                                   |                              |                          |             |  |                 |                     |  |      |      |      |      |           |           |            |  |
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|   |   |   |                    |  |  |      |  |   |   |
|---|---|---|--------------------|--|--|------|--|---|---|
| 18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY   |   |   |                    | 19. IF JOB IS UNIONIZED (Complete)                       |  |      |  |   |   |
| a. No. of Openings To Be Filled By Aliens Under Job Offer   | b. Exact Dates You Expect To Employ Alien   |   | a. Number of Local | b. Name of Local   |  |      |  |   |   |
|   | From  | To  |                    | c. City and State  |  |      |  |   |   |
|   |   |   |                    |  |  |      |  |   |   |
| 20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)   |   |   |                    |  |  |      |  |   |   |
| a. Description of Residence   |   | b. No. Persons residing at Place of Employment  |                    |  | c. Will free board and private room not shared with any-one be provided? ("X" one)<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |      |  |   |   |
| ("X" one)<br><br><input type="checkbox"/> House<br><br><input type="checkbox"/> Apartment   | Number of Rooms   | Adults  | BOYS               | Children   |  |      |  | Ages  |   |
|   |   |   |                    |  |  |      |  |   |   |
|   |   |   |                    | GIRLS  |  |      |  |   |   |
| 21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)  |   |   |                    |  |  |      |  |   |   |
| 22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.   |   |   |                    |  |  |      |  |   |   |
| 23. EMPLOYER CERTIFICATIONS   |   |   |                    |  |  |      |  |   |   |
| <p style="text-align: center;">By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. I have enough funds available to pay the wage or salary offered the alien.</p> <p>b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.</p> <p>c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis.</p> <p>d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.</p> <p>f. The job opportunity is not:</p> <p>(1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.</p> <p>(2) At issue in a labor dispute involving a work stoppage.</p> <p>g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.</p> <p>h. The job opportunity has been and is clearly open to any qualified U.S. worker.</p> </td> </tr> </table> |   |   |                    |  |  |      |  | <p>a. I have enough funds available to pay the wage or salary offered the alien.</p> <p>b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.</p> <p>c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis.</p> <p>d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.</p> | <p>e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.</p> <p>f. The job opportunity is not:</p> <p>(1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.</p> <p>(2) At issue in a labor dispute involving a work stoppage.</p> <p>g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.</p> <p>h. The job opportunity has been and is clearly open to any qualified U.S. worker.</p> |
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| 24. DECLARATIONS  |   |   |                    |  |  |      |  |   |   |
| DECLARATION OF EMPLOYER   |   | Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.   |                    |  |  |      |  |   |   |
| SIGNATURE   |   |   |                    |  |  | DATE |  |   |   |
| NAME (Type or Print)  |   |   |                    | TITLE  |  |      |  |   |   |
| AUTHORIZATION OF AGENT OF EMPLOYER  |   | I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent. |                    |  |  |      |  |   |   |
| SIGNATURE OF EMPLOYER   |   |   |                    |  |  | DATE |  |   |   |
| NAME OF AGENT (Type or Print)   |   |   |                    | ADDRESS OF AGENT (Number, Street, City, State, ZIP code) |  |      |  |   |   |